

POLITICAL COMMITTEE'S REPORT OF 2008
RECEIPTS AND DISBURSEMENTS

DATE STAMP

Name of Committee COMMITTEE TO ELECT BRANDON JONES

Address P.O. BOX 571, PASCAGOULA, MS 39568 County JACKSON

Telephone 228-769-2070 (Fax) 228-769-1992

Treasurer SCOTT SULLIVAN Email Address brandon.jones for 111@hotmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
- ☐ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
- ☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	3,700 + \$ 400	\$ 4,100	\$ 4,100
Total amount of disbursements \$	2,471.33 + \$ 1,090.00	\$ 3,561.33	\$ 3,561.33
Total amount of cash on hand \$		4,603.23	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Bl C Jones
(Signature of Officer)

1/29/09
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 29 2009

Secretary of State
Capitol Office

Name of Candidate or Committee COMMITTEE TO ELECT BRANDON JONESReporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECK INTO CASH, INC.</u>		<u>12/23/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 550</u>		___/___/___	\$
City, State, Zip Code <u>CLEVELAND, TN 37364</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON CORPORATION</u>		<u>7/3/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 9034</u>		___/___/___	\$
City, State, Zip Code <u>CONCORD, CA 94524</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>E.I. DUPONT DE NEMOURS AND CO.</u>		<u>11/5/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 80040</u>		___/___/___	\$
City, State, Zip Code <u>WILMINGTON, DE 19880</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS DENTAL PAC</u>		<u>9/8/08</u>	\$ <u>300.00</u>
Mailing Address <u>2630 RIDGEWOOD RD, STE.C</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee COMMITTEE TO ELECT BRANDIN JONESReporting period Jan. 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS AGENTS AND EMPLOYEES PAC</u>		<u>9/5/8</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 39</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>OLIVE BRANCH, MS 38654</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS HEALTH CARE ASSOCIATION</u>		<u>1/3/8</u>	\$ <u>250.00</u>
Mailing Address <u>114 MARKETRIDGE DRIVE</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>RIDGELAND, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HOME BUILDERS ASSOC. OF MS</u>		<u>1/3/8</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3556</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS 39207</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS POWER CO. STATE PAC</u>		<u>1/2/8</u>	\$ <u>400.00</u>
Mailing Address <u>P.O. Box 4079</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>GULFPORT, MS 39502</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee COMMITTEE TO ELECT BRANDON JONESReporting period JAN. 1, 2008 through DEC. 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BRANDON JONES</u>	<u>1/6/8</u>	\$ <u>971.33</u>
Mailing Address		
<u>3007 MAGNOLIA ST.</u>	<u>1/6/8</u>	\$ <u>971.33</u>
City, State, Zip Code		
<u>PASCA GOULA, MS 39567</u>	<u>1/6/8</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>971.33</u>
<u>REPAYMENT OF LOAN</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>MATT EICHELBERGER</u>	<u>3/27/8</u>	\$ <u>1,000.00</u>
Mailing Address		
<u>120 N. CONGRESS ST., SUITE 1202</u>	<u>3/27/8</u>	\$ <u>1,000.00</u>
City, State, Zip Code		
<u>JACKSON, MS 39201</u>	<u>3/27/8</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>
<u>LEGAL SERVICES</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>OZONE BASEBALL</u>	<u>7/7/8</u>	\$ <u>500.00</u>
Mailing Address		
<u>P.O. BOX 539</u>	<u>7/7/8</u>	\$ <u>500.00</u>
City, State, Zip Code		
<u>PASCA GOULA, MS 39568</u>	<u>7/7/8</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500.00</u>
<u>PAS. DIXIE YOUTH TOURNAMENT</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
		\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
		\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
		\$
Mailing Address		\$
		\$
City, State, Zip Code		\$
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
		\$